

Return of Organization Exempt From Income Tax

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending ,

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	Carmel Art Association P.O. Box 2271 Carmel, CA 93921	94-1012517
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(831) 624-6176
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 1,356,202.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: Same As C Above	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ N/A		
K Form of organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶	L Year of formation:
		M State of legal domicile: CA

CLIENT'S COPY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>Promote Local Artists</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	26,217.	81,480.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,200.	48,681.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293.	534.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	445,262.	502,839.
		512,972.	633,534.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	283,782.	298,744.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	188,312.	239,381.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	472,094.	538,125.
19	Revenue less expenses. Subtract line 18 from line 12	40,878.	95,409.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	949,685.	1,054,168.
22	Net assets or fund balances. Subtract line 21 from line 20	14,768.	24,112.
		934,917.	1,030,056.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Monica Ehrlich</u>	Date	General Manager	
Paid Preparer Use Only	Print/Type preparer's name Frances C Baca	Preparer's signature <i>Frances C Baca</i>	Date 4-26-18	
	Firm's name Tostevin Accountancy Corporation	Check <input type="checkbox"/> if self-employed	PTIN P00076384	
	Firm's address 877 Pacific St Ste 300 Monterey, CA 93940	Firm's EIN ▶ 94-2147667	Phone no. 831-372-7348	
	May the IRS discuss this return with the preparer shown above? (see instructions)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No